CORRECTION AFFIDAVIT

FORM COR-C/OH RECEIVED

	CAND		OFFICEHO	I NED	CITY OF SA	N ANTONIO CLERK
See backside for instru				LDLN	2001 OCT 31	P 2: 44
1	ctions		2		2001 0(1)	F 2. 44
ACCOUNT#			Total pages filed:	1		
C:ANDIDATE / OFFICEHOLDER NAME		Enrique Barrera		M. SUFFIX	OFFICE Date Received	USE ONLY
ORIGINAL REPORT TYPE	January 15 July 15 30th day before election	Runoff Exceeded 15th day a	\$500 limit after treasurer ent (officeholder only)	ecify)	Date Hand-delivered	
5 ORIGINAL FERIOD COVERED	04/26/01	ear THROUG	Month Day		Legal Date Processed Date Imaged	Amount
EXPLANATION OF CORRECTION	A previous rent pais as this SPAC replications the deption	ns correctly for a expendition report of the analytical and ordered and ordere	tion report comparign true was a reting it u d woneces	t was reporte nder t wary. S	filed Iguarter d in a he closs Please d catants	to include s. However, separate report wivegard ept. 17,2001.
MY.	A DAVIS ELLISON COMMISSION EXPIRES pril 29, 2005		I swear, or affirm, report is true and copromptly after learning or affirm, under pen reporting recording to the state of	under penal prect and th ng of the erro alty of perjui ent when I fil	Ity of perjury, that I am filing this or(s) in the origingry, that I did not ed the original relate or Officeholder	nat this corrected s corrected report lal report. I swear, intend to violate a report.
to certify which, witness my hand and seal of office.						
Affilia Luks (bllisar J	ULA DAG	//SEU(SQU administering cath	JEn.	/ Officer administering	VE LECECTARY ()
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections						

CORRECTION AFFIDAVIT

FORM COR-C/OH

		FOR	£		
	CANDIDATE/	OFFICEHOLDER			
See backside for instru	uctions		?: ?:		
ACCOUNT#		Total pages filed:	f 4		
CANDIDATE /	Mr. FIRST	u M.	OFFIC	OFFICE USE ONLY	
NAME	Mr. Emyl NICKNAME BUSTER		Date Received		
ORIGINAL FEPORT TYPE	January 15 Runoff July 15 Exceeds	Other (specify)	Date Hand-delivere	d or Date Postmarked	
	30th day before election 15th day appoint	y after treasurer ment (officeholder only)	Receipt #	Amount	
ORIGINAL	8th day before election Final rep Month Day Year	Month Day Year	Legal	Totals	
F'ERIOD COVERED	OH /O/ /O/ THROUGH	Date Processed			
	04/26/01 THROUGH	Date Imaged			
AFFIDAVIT					
	MARK EDWARD CAMARILLO MY COMMISSION EXPIRES January 14, 2004	I swear, or affirm, under pena report is true and correct and the promptty after learning of the error affirm, under penalty of perju reporting affirment when I fi	nat I am filing th or(s) in the origi ry, that I did no	is corrected report inal report. I swear, t intend to violate a	
AFFIX NOTARY STAM	MP / SEAL ABOVE	Sidnature of Cano	lidate or Officeholde	r	
Sworn to and subscribe	ed before me by Enrique	Barrens this the Hode	ay of Sopt	, 20 0 (
to certify which, witnes	s my hand and seal of office.				
Mk Ldwal Signature of officer administering	Joanna Mark grant Printed name of office	Edward Camar, //o	officer administering	tan /	
		The Course of the T	D	,	
Remen	iber To Attach Any Part Of Needed To Report A	The Campaign Finance And Explain Corrections	Report For	·m	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	Guide explains how to complete (Ethics Commission filers)	2 Total pages filed: 2-4 f.4		
3 CANDIDATE/ OFFICEHOLDER	M. FIRST M. M.	OFFICE USE ONLY		
NAME		Date Received		
	NICKNAME LAST SUFFIX	and the second		
	15 W U U U			
4 CANDIDATE/ CFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE	Date Hand-delivered or Date Poetsparked		
Change of Address	San Antonio, TX 78237	Date Halid-dollyelse of Date 7 Small red		
5 CAMPAIGN TREASURER	Mrs. Leticia G.			
NAME		Receipt # Amount		
	NICKNAME LAST SUFFIX BANCA	Date Processed		
	BWWW	Date Imaged		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 6435 Brena Vista	ZIP CODE:		
(Flesidence or business)	San Antonio, TX 78237			
7 CAMPAIGN TREASURER FHONE	AREA CODE PHONE NUMBER EXTENSION (20) $432-2431$			
8 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 Sth day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)		
9 PERIOD COVERED	04/26/0(THROUGH 06/30	/0 l		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year			
	05/05/01 Primary Runoff 💢	General Special		
11 OFFICE	City Council Dist. 6 2 OFFICE FOUGHT (IF KNOW	icil Dist. 6		
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the ca- Candidates are required to disclose this information only if they receive notification of the direction.	ndidate's prior consent or approval. ect campaign expanditure. ••		
EXPENDITURE BY OTHER INDIVIDUALS	Eurique M. Barrera Cam Address / PO Box: KApl. / Suite #; City, State, Zip Code 6435 Brena Vista, San Anto	paign		
[] additional pages	Address / PO Box: VApl. / Suite #; City, State, Zip Code 6435 Buena Vista, San Anto	mio, TX 78237		
GO TO PAGE 2				

1-800-325-8506

Texas Ethics Commission

CANDIDATE / OFFICEHOLDER REPORT: S INTOT & TOTALS

Austin, Texas 78711-2070

FORM C/OH COVER SHEET PG 2

SOFFOR			OOVER OHEE! I O E		
14 C/OH NAME G	rique M	. Barrera	15 ACCOUNT #(Ethics Commission filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	•• This box is for notice of political expanditures by political committees to support the candidate / officeholder. These expanditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to rethis information only if they receive notice of such expanditures.			
COMMITTEE	COMMITTEE TYPE	ampaign			
	GENERAL SPECIFIC	6435 Brens Vista,	SAT 78237		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME WS. Letticia G. Bod COMMITTEE CAMPAIGN TREASURER ADDRESS	mera		
		6435 Buena Vista	, SAT 78237		
17 NO REPORTABLE ACTIVITY		to reportable activity occurred during this reporting period. (Sign affidavit)	pelow and submit pages 1 And 2 only.)		
18 CONTRIBUTION TOTALS	BUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ 500 -				
OUTSTANDING LOAN TOTALS		5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ -0 -			
19 AFFIDAVIT					
			f perjury, that the accompanying report I information required to be reported by		
	MARK EDWARD CA				
	MY COMMISSION E January 14, 20		a		
		Signature of Can	ididate or Officeholder		
AFFIX NOTARY STA	MP / SEAL ABOVE	$\mathcal{F} \subseteq \mathcal{F}$	14 th		
Sworn to and subsc	- 1	the said <u>Enrique</u> <u>Same M</u> tify which, witness my hand and seal of office.	, this the day		
MICI	, 10 68	Mak Edand Camps 1/2	Nitani		
Signature of officer	administering cath	Printed name of officer administering oath	Title of officer administering oath		

	THINISSICIT F.O. DOX 12010 Ausuit, lexas	70711-2070	(512) 463-680	0 1-800-325-8506
POLITI	CAL EXPENDITURES		5	SCHEDULE F
		Cl ₁ (1.3)	ALI ANTONIO	
The Instruction	ж Guoz explains how to complete this form.	No. 1	1 Total pages Schedu	io F: 1 4
2 FILER NAMI	E Enrique M. Barrera		3 ACCOUNT Prehic	Commission Sters)
				,
4 Date	5 Payee name	ملہ	7	Amount (\$)
01/01	Tthaca Thvestme 6 Payee address; City; State; Zip Code	345		500-
701	7121 Hur. 90. San Av	utonio.Tx-	18227	
8 Purpose of pay	ment (See instructions regarding type of information	9 Complete if dia	act expanditure to hene	fit C/OH ↔
Pent	for Headquarters for Fune	Candidate / Officeholder no	BANLA	
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Code			•
Purpose of pay required.)	nment (See instructions regarding type of information	Complete if din	ect expenditure to benef	
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Date	Payee name			Amount (\$)
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required.)		Candidate / Officeholder na		
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×	Payee address; City; State; Zip Code		<u>-</u>	÷·
Purpose of pay required.)	trnent (See instructions regarding type of information	Complete if din Candidate / Officeholder n	ect expenditure to bener ame Office sou	
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED	